BUDGET RESOLUTION/Health Care Costs

SUBJECT: Senate Concurrent Budget Resolution for fiscal years 1999-2003 . . . S.Con. Res. 86. Nickles amendment

No. 2282.

ACTION: AMENDMENT AGREED TO, 98-0

SYNOPSIS: As reported, S.Con. Res. 86, the Senate Concurrent Budget Resolution for fiscal years 1999-2003, will balance the unified budget in 1998 and will run surpluses for each of the next 5 fiscal years. Both Federal spending and Federal revenues will increase 3.5 percent from fiscal year (FY) 1998 to FY 1999. All surpluses will be reserved for Social Security reform. A reserve fund will be established to allow the entire Federal share of revenues resulting from a potential tobacco settlement to be dedicated to bolstering Medicare's solvency.

The Nickles amendment would express the sense of the Senate that the assumptions underlying this resolution assume that the Senate will not pass any health care legislation:

- that will make health insurance unaffordable for working families and increase the number of uninsured Americans;
- that will divert limited health care resources away from serving patients to paying lawyers and hiring new bureaucrats; or
- that will impose political considerations on clinical decisions, instead of allowing such decisions to be made on the basis of sound science and the best interests of patients.

The amendment would also make numerous findings, including:

- the private sector has proven to be more capable of keeping pace with the rapid changes in health care delivery and medical practice that affect quality of care considerations than has the Federal Government;
- as Congress considers health care legislation, it must first commit to "do no harm" to health care quality, consumers, and the evolving market place;
- rushing to legislate or regulate based on anecdotal information and micro-managing health plans on politically popular issues will not solve the problems of consumer confidence and the quality of our health care system;

YEAS (98)				NAYS (0)		NOT VOTING (2)	
Republican (54 or 100%)		Democrats (44 or 100%)		Republicans (0 or 0%)	Democrats (0 or 0%)	Republicans Democrats	
						(1)	(1)
Abraham Allard Ashcroft Bennett Bond Brownback Burns Campbell Chafee Coats Cochran Collins Coverdell Craig D'Amato De Wine Domenici Frist Gorton Gramm Grams Grams Grams Grassley Gregg Hagel Hatch	Hutchinson Hutchison Inhofe Jeffords Kempthorne Kyl Lott Lugar Mack McCain McConnell Murkowski Nickles Roberts Roth Santorum Sessions Shelby Smith, Bob Smith, Gordon Snowe Specter Stevens Thomas Thompson Thurmond Warner	Akaka Baucus Biden Bingaman Boxer Breaux Bryan Bumpers Byrd Cleland Conrad Daschle Dodd Dorgan Durbin Feingold Feinstein Ford Glenn Graham Harkin Hollings	Johnson Kennedy Kerrey Kerry Kohl Landrieu Lautenberg Leahy Levin Lieberman Mikulski Moseley-Braun Moynihan Murray Reed Reid Robb Rockefeller Sarbanes Torricelli Wellstone Wyden			EXPLANAT 1—Official F 2—Necessari 3—Illness 4—Other SYMBOLS: AY—Annou AN—Annou PY—Paired PN—Paired	ily Absent nced Yea nced Nay Yea

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• when health insurance premiums rise, Americans lose health coverage (studies indicate that each 1-percent increase nationally will result in 400,000 people losing insurance);

- health care costs have begun to rise significantly in the past year; and
- the President's Commission on Consumer Protection and Quality in the Health Care Industry developed a Consumer Bill of Rights and Responsibilities (but did not recommend Federal legislation on that subject), and concluded that private sector organizations have the capacity to act in a timely manner needed to keep pace with the swiftly evolving health system.

NOTE: After the vote, the Senate tabled a Kennedy amendment to express the sense of the Senate in favor of Federal mandates to enforce a patient "bill of rights" (see vote No. 73).

Those favoring the amendment contended:

The Nickles amendment is a substitute for the Kennedy amendment to follow. The two amendments are totally incompatible. The Kennedy amendment argues for the imposition of massive new Federal mandates on health care plans. Those mandates are strongly opposed by health care professionals because they will drive up costs dramatically and make insurance unaffordable for millions of Americans, Our colleagues tell us that costs will only go up for sub-standard health care providers; is that their opinion of the American Hospital Association, or the Mayo Clinic, or the Cleveland Clinic, all of which oppose the Kennedy amendment? The innovation and high quality health care in the United States is largely due to the fact that Federal politicians have not tried to take it over. With politicians in charge, we fear not only that costs will skyrocket, but politically popular and medically foolish mandates will be imposed. That fear has been strongly reinforced by the senior Senator from Massachusetts' repeated statement during this debate on the need for a patient bill of rights to prevent "drive-through mastectomies." The President's Commission did not say outpatient, or "drive-through," mastectomies should be barred. If it had, it would have been recommending an outpatient procedure that studies have shown is beneficial for women. For instance, a 1996 study of 525 women who underwent outpatient mastectomies at Henry Ford Hospital in Michigan reported increased quality, accelerated physical recovery, earlier return to occupational activities, and numerous improved psychological advantages. Similarly, a 1995 study at the New Jersey College of Medicine of 133 women who underwent outpatient partial mastectomies showed a lower rate of postoperative infection and a higher rate of satisfaction in comparison to a group having surgery on an inpatient bases. We suppose Senators can gain some political benefit by puffing themselves up and saying that they stopped the horrible practice of "drive-through mastectomies." but if they were to succeed in many cases they would be hurting the quality of women's health care. Those Senators are wrong who say that the Kennedy amendment would not drive up health care costs, increase bureaucracy and litigation, make insurance unaffordable for millions of Americans, and result in political decisions being made on health care benefits that should instead be decided on the basis of medical need. The Nickles amendment would express the sense of the Senate against passing health care legislation of the type advocated by the Kennedy amendment. We urge our colleagues to vote in favor of the Nickles amendment, and then in favor of tabling the Kennedy amendment.

While favoring the amendment, some Senators expressed the following reservations:

We have no objections to this amendment. It simply says that Congress will not pass legislation that makes health insurance unaffordable, that diverts health care funds into paying lawyers and hiring bureaucrats, or that makes political decisions instead of medically sound decisions. Of course it will not do any of these things. Our colleagues have offered this amendment because they believe that the Kennedy amendment would have all of those results. We disagree. The Kennedy amendment would not add any costs for quality caregivers. It would only make greedy, poor quality HMOs improve their services. There is nothing inconsistent between the Nickles amendment or the Kennedy amendment to follow. We urge Senators to vote in favor of both amendments.

No arguments were expressed in opposition to the amendment.